Department of Health and Human Services
Substance Abuse and Mental Health Services Administration

FY 2015 Cooperative Agreements for State Adolescent and Transitional Aged Youth Treatment Enhancement and Dissemination Planning

(Short Title: State Youth Treatment - Planning)

(Initial Announcement)

Request for Applications (RFA) No. TI-15-005

Catalogue of Federal Domestic Assistance (CFDA) No.: 93.243

PART 1: Programmatic Guidance

Note to Applicants: This document must be used in conjunction with SAMHSA's "Request for Applications (RFA): PART II – General Policies and Procedures Applicable to all SAMHSA Applications for Discretionary Grants and Cooperative Agreements". PART I is individually tailored for each RFA. PART II includes requirements that are common to all SAMHSA RFAs. You must use both documents in preparing your application.

Key Dates:

Application Deadline	**Applications are due by April 6, 2015.**
Intergovernmental Review (E.O. 12372)	**Applicants must comply with E.O. 12372 if their state(s) participates. Review process recommendations from the State Single Point of Contact (SPOC) are due no later than 60 days after application deadline.**
Public Health System Impact Statement (PHSIS)/Single State Agency Coordination	**Applicants must send the PHSIS to appropriate state and local health agencies by application deadline. Comments from Single State Agency are due no later than 60 days after application deadline.**

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EXECUTIVE SUMMARY

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT) is accepting applications for fiscal year (FY) 2015 Cooperative Agreements for State Adolescent and Transitional Aged Youth Treatment Enhancement and Dissemination Planning [State Youth Treatment - Planning (SYT-P)]. The purpose of SYT-P is to provide funding to states/territories/tribes (hereafter known as "states") to develop a comprehensive strategic plan in order to improve treatment for adolescents (ages 12-18) and/or transitional aged youth (ages 16-25) with substance use disorders (SUD) and/or co-occurring substance use and mental disorders (hereafter known as "the population of focus"). The plan will help to assure that youth have access to evidence-based assessments and treatment models and recovery services by strengthening the existing infrastructure system.

Funding Opportunity Title:	Cooperative Agreements for State Adolescent and Transitional Aged Youth Treatment Enhancement and Dissemination Planning (Short Title: State Youth Treatment – Planning)
Funding Opportunity Number:	TI-15-005
Due Date for Applications:	April 6, 2015
Anticipated Total Available Funding:	$3 million
Estimated Number of Awards:	Up to 12
Estimated Award Amount:	Up to $250,000 per year
Cost Sharing/Match Required	No [See Section III-2 of this RFA for cost sharing/match requirements.]
Length of Project Period:	Up to 2 years

Eligible Applicants:	Eligible applicants are the entity within the state/territory/federally recognized American Indian/Alaska Native tribe or tribal organization responsible for leading treatment and recovery support services for adolescents and/or transitional aged youth with substance use disorder or co-occurring substance use and mental disorders. **States/territories/tribes, which received awards under TI-12-006 (FY 2012 Cooperative Agreements for State Adolescent Treatment Enhancement and Dissemination) and TI-13-014 (FY 2013 Cooperative Agreements for State Adolescent and Transitional Aged Youth Treatment Enhancement and Dissemination), are not eligible to apply to this funding opportunity.** To determine readiness, capacity, and experience for applying to SYT-P all applicants **must complete the Applicant Self-Assessment in Appendix II.** [See Section III-1 of this RFA for complete eligibility information.]

Be sure to check the SAMHSA website periodically for any updates on this program.

I. FUNDING OPPORTUNITY DESCRIPTION

1. PURPOSE

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT) is accepting applications for fiscal year (FY) 2015 Cooperative Agreements for State Adolescent and Transitional Aged Youth Treatment Enhancement and Dissemination Planning [State Youth Treatment - Planning (SYT-P)]. The purpose of SYT-P is to provide funding to states/territories/tribes (hereafter known as "states") to develop a comprehensive strategic plan in order to improve treatment for adolescents (ages 12-18) and/or transitional aged youth (ages 16-25) with substance use disorders (SUD) and/or co-occurring substance use and mental disorders (hereafter known as "the population of focus"). The plan will help to assure that youth have access to evidence-based assessments and treatment models and recovery services by strengthening the existing infrastructure system.

SYT-P is designed to bring together stakeholders across the systems serving adolescents and transitional aged youth to plan for a coordinated state-wide network to develop policies, expand workforce capacity, disseminate evidence-based practices (EBPs), and implement financial mechanisms and other reforms. The aim is to improve the integration and efficiency of the treatment and recovery support system serving the population of focus. SYT-P seeks to address behavioral health disparities among racial and ethnic minorities by encouraging the implementation of strategies to decrease the differences in access, service use and outcomes among the racial and ethnic minority populations served.

System outcomes include the following: the identification of issues and barriers that affect SUD and/or co-occurring screening, assessment, treatment, and recovery practices and procedures; financing practices and organizational structures; the SUD and/or co-occurring workforce; disparities that influence access to treatment for; the development and/or enhancement of statewide family and youth support organizations; and a strategic plan to execute needed changes to state policies to address these issues.

In alignment with SAMHSA's Strategic Initiative on Trauma and Justice, this program assists states in strengthening the infrastructure used to expand and enhance evidence-based treatment and recovery systems for the population of focus and their

families/caregivers.

The SYT-P cooperative agreements are authorized under Section 509 of the Public Health Service Act, as amended. This announcement addresses Healthy People 2020 Substance Abuse Topic Area HP 2020-SA.

NOTE: SAMHSA is also accepting applications for TI-15-004 - FY 2015 Cooperative Agreements for State Adolescent and Transitional Aged Youth Treatment Enhancement and Dissemination - Implementation [State Youth Treatment - Implementation (SYT-I)] program. **Applicants may only apply to one funding opportunity, either SYT-I or SYT-P. The Applicant Self-Assessment will determine the appropriate funding opportunity.**

For a comparison of the SYT-I and SYT-P programs please review Appendix I. To determine readiness, capacity, and experience for applying to SYT-P all applicants must complete the **Applicant Self-Assessment** in Appendix II. The Applicant Self-Assessment must be completed, signed, and dated by the Authorized Representative and included in **Attachment 1 of your application.**

2. EXPECTATIONS

To accomplish the purpose of SYT-P cooperative agreements, the state must use grant funds to develop a foundation to support future efforts to increase access to and improve the quality of treatment for the population of focus and their families/primary caregivers through:

- Involving families, adolescents, and transitional aged youth at the state levels to inform policy, program, and effective practice.
- Increasing screening for youth in diverse provider settings.
- Expanding the qualified SUD and/or co-occurring substance use and mental disorders treatment workforce.
- Developing funding and payment strategies, which support EBPs and are practical and doable in the state given the current funding environment.
- Improving interagency collaboration.
- Developing and/or expanding an existing provider collaborative.
- Adopting and/or enhancing an existing data infrastructure/management information system.

Grantees may use **up to 20 percent (i.e., $50,000) of the award** for data collection and performance assessment of infrastructure improvements (see Sections I-2.3 and 2.4).

Grantees may use **up to 10 percent (i.e., $25,000) of this award** to adopt and/or enhance an existing data infrastructure/management information systems (MIS) (see #4 under allowable activities listed below).

If your application is funded, you will be expected to develop a behavioral health disparities impact statement no later than 60 days after your award. In this statement, you must propose: (1) a quality improvement plan for the use of program data on access, use and outcomes to support efforts to decrease the differences in access to, use and outcomes of service activities among diverse racial and ethnic and, where data is collected, LGBT, subpopulations; and (2) methods for the development of policies and procedures to ensure adherence to the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care**.** (See PART II: Appendix G – Addressing Behavioral Health Disparities**.**)

SAMHSA strongly encourages all grantees to provide a tobacco-free workplace and to promote abstinence from all tobacco products (except in regard to accepted tribal traditions and practices).

According to the National Survey on Drug Use and Health, individuals who experience mental illness or who use illegal drugs have higher rates of tobacco use than the total population. Data from the National Health Interview Survey, the National Death Index, and other sources indicate earlier mortality among individuals who have mental and substance use disorders than among other individuals. Due to the high prevalence rates of tobacco use and the early mortality of the target population for this grant program, grantees are encouraged to promote abstinence from tobacco products (except with regard to accepted tribal traditional practices) and to integrate tobacco cessation strategies and services in the grant program. Applicants are encouraged to set annual targets for the reduction of past 30-day tobacco use among individuals receiving direct client services under the grant.

Recovery from mental disorders and/or substance use disorders has been identified as a primary goal for behavioral health care. SAMHSA's Recovery Support Strategic Initiative is leading efforts to advance the understanding of recovery and ensure that vital recovery supports and services are available and accessible to all who need and want them. Building on research, practice, and the lived experiences of individuals in recovery from mental and/or substance use disorders, SAMHSA has developed the following working definition of recovery: *A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.* See http://store.samhsa.gov/product/SAMHSA-s-Working-Definition-of-Recovery/PEP12-RECDEF for further information, including the four dimensions of recovery, and 10 guiding principles. Programs and services that incorporate a recovery approach fully involve people with lived experience (including consumers/peers/people

in recovery, youth, and family members) in program/service design, development, implementation, and evaluation.

SAMHSA's standard, unified working definition is intended to advance recovery opportunities for all Americans, particularly in the context of health reform, and to help clarify these concepts for peers/persons in recovery, families, funders, providers and others. The definition is to be used to assist in the planning, delivery, financing, and evaluation of behavioral health services. SAMHSA grantees are expected to integrate the definition and principles of recovery into their programs to the greatest extent possible.

2.1 Required Activities

1. Develop a full-time (1.0 FTE) staff position dedicated to managing this program, specifically a State Adolescent Treatment/Youth Coordinator. The individual appropriate for this position must have the necessary skills and experience, including expertise in facilitating cross-agency collaborations and an understanding of the implementation of EBPs[1] in the field. If the state has an existing State Adolescent Treatment/Youth Coordinator these grant funds must not be used to support this staff, but may be used to support up to 1.0 FTE that complements/supports the Coordinator.
    - A State Adolescent Treatment/Youth Coordinator at a minimum meets the following criteria: 1) at least a baccalaureate degree in a relevant health field (e.g., social work, counseling) with expertise in substance use disorders, addiction services, adolescent treatment, prevention services, and/or in/outpatient services; 2) experience working with populations who meet the criteria for SAMHSA's health disparities definition and subpopulations; 3) experience staffing interagency groups and/or has experience in working across state systems to make policy change.
    - It is imperative that the Authorized Representative for this grant take an active and consistent role in working with the State Adolescent Treatment/Youth Coordinator and overseeing this program. At minimum, the Authorized Representative must participate in all national grantee meetings and monthly conference calls with SAMHSA staff and contractors.

2. Link and coordinate with other systems serving adolescents and/or transitional aged

[1] Information on EBPs can be accessed at http://store.samhsa.gov/resources/term/Evidence-Based-Practice-Resource-Library. SAMHSA has developed this website to provide a simple and direct connection to websites with information about evidence-based interventions to prevent and/or treat substance use and mental disorders.

youth through a new or existing Interagency Council. The purpose is to promote comprehensive, integrated services for the population of focus. Such service systems must include, but are not limited to, State Medicaid Agency, State Health Department, education, criminal/juvenile justice, mental health, and child welfare. Grantees may include other systems, such as labor/employment and housing. Adolescents and/or transitional aged youth, and family members must be key members of this Council. The following activities will be expected:

- quarterly meetings
- collaboration on the development of a strategic plan
- development of financial maps
- creation of a state-wide workforce development plan
- design of a plan for infrastructure reform and policy development, and
- inclusion of adolescent and/or transitional aged youth and families at the policy level.

- The Council must include a Substance Abuse Financing Subcommittee, whose membership includes the State Treatment Coordinator/Youth Coordinator, State Medicaid Agency and other major SUD funders, to collaborate with major payers of substance abuse assessment, treatment and recovery support services to create new and/or modify existing state-wide financing policies.
- The Council must also include an SYT-P Subcommittee, which will be involved in the development of the required strategic plan.
- The SYT-P Subcommittee must work with the Substance Abuse Financing Subcommittee in developing the financing section of the strategic plan by convening major payers of substance abuse treatment services (e.g., State Medicaid Agency, private insurers).
- If the Interagency Council exists and is operational at the time of application submission, then applicants should submit the Council's written agreement as **Attachment 5** in their applications. Subcommittee existence should also be documented. The written agreement must include the following: identification of the parties involved in the Council; description of the specific roles and responsibilities of each party; summary of the essential terms of the agreement; and the Council's operating procedures. The document must be signed and dated by the Council's Lead. The written agreement should include a roster of the Council members, which identifies the agency/system that they represent and letters of support/commitment from, at least, the six previously named key collaborating agencies/systems (i.e., State Medicaid Agency, State Health Department, education, juvenile justice, mental health, and child welfare).

3. Develop a cross-agency state-wide financial map (to be updated at the end of the grant) to identify, link and coordinate financing sources, which include but are not limited to Medicaid and Children's Health Insurance Program (CHIP), Substance Abuse Prevention and Treatment (SAPT) Block grant, private insurance (where

possible), criminal/juvenile justice, child welfare, education, labor, housing, and other relevant funding streams. The financial map will identify the full range of a comprehensive continuum of services and supports for the population(s) of focus and the federal and state expenditures for these services within a baseline fiscal year.

- At a minimum, the financial map must consist of tables, which: 1) identify screening, assessment, treatment services and recovery supports needed for a comprehensive continuum of services for the population of focus; 2) identify the federal and state funding sources supporting the provision of these services in a specific fiscal year; 3) identify the federal, state and aggregate amounts spent from each funding source by service in a specific fiscal year; and 4) identify the number of unique users served through the expenditures in a specific fiscal year where possible. The tables must be accompanied by explanatory narrative.
- Grantees must use the financial map in developing the financing section of their strategic plans and tracking the shifts in relevant funding resources
- The financial map must be accompanied by a narrative, which uses the findings to: describe the existing state financial structures supporting access to treatment services for the population of focus, report on the strengths and challenges of the existing system, and propose a set of recommendations for financing changes and payment reforms, which would increase access and improve service quality.

4. Develop a three-year state-wide workforce training implementation plan (to be updated at the completion of the grant) to provide content and skills related to SUD treatment (e.g., child development, trauma focused treatment, neuroscience) to the workforce serving the population of focus. The plan must also include training staff in other agencies serving this population.
    - The plan must address <u>at least</u> two of the following activities:
        - Preparing faculty in appropriate college and education settings to deliver curricula that focus on adolescent and/or transitional aged youth-specific SUD evidence-based practices.
        - Developing and making accessible continuing education events throughout the state, to enhance the knowledge and skills of program directors, supervisors, direct treatment staff, and allied health professionals.
        - Developing or improving state standards for licensure/certification/accreditation of programs that provide SUD and/or co-occurring substance use and mental disorders services for the population of focus.
        - Developing or improving state standards for licensure/certification/credentialing of counselors.

    - Promoting coordination and collaboration with family support organizations to strengthen services for the population of focus.
- The plan must also select evidence-based assessments and treatment interventions and include planning for the state dissemination of those practices.

5. Design and implement a workforce map to identify the composition and expertise of the state/territorial/tribal workforce assessing, treating and delivering recovery support services to the population of focus. With a focus on state workers funded with public resources, the workforce map must include:
    - knowledge, skills, and abilities of the clinical workforce in providing evidence-based services to the population of focus.
    - data on relevant positions within treatment and recovery services and supports structure (e.g., supervisor, clinician, case manager, and recovery support worker).
    - an aggregate snapshot of the state workforce including but not limited to gender, ethnicity, years of experience in the field, highest degree, level of state certification, certification in specific evidence-based practice(s), lived experience, current position, type of agency.

6. Develop a comprehensive three-year strategic plan in order to improve treatment for the population of focus. In relation to each required activity of the award, the strategic plan must include goals, objectives, evaluation measures and data sources, responsible leads, and short and long-term outcomes to assess the effectiveness of the strategic plan's implementation. Each section of the plan must include tasks focused on the implementation and sustainability of the work included in the plan and show how the plan could serve as the basis for implementation.
    - The SYT-P Subcommittee of the Interagency Council must be involved in the development of the strategic plan (see requirement #2 listed above). Additionally, the SYT-P Subcommittee must work with the Substance Abuse Financing Subcommittee in developing the financing section by convening major payers of substance abuse treatment services (e.g., State Medicaid Agency, private insurers).
    - The strategic plan must be complemented by a culturally and linguistically competent social marketing and strategic communications plan. The social marketing plan should focus on: promoting the importance of providing evidence-based services to the population of focus, developing effective partnerships, using outcome data and personal stories, and fostering the inclusion of services in community-based settings. Families and youth must be involved in the development of this communications plan.

2.2 Allowable Activities

Applicants must select <u>at least three</u> of the allowable activities noted below:

1. Create a three-year plan for the development/expansion of a Family and Youth state-wide Structure(s) to promote family and youth involvement in substance use treatment and recovery services for the population of focus through the following activities:
    - Education of the public about the available treatment and recovery support services available to the population of focus.
    - Development of family and youth peer supports.
    - Participation by one family member and one youth on the Interagency Council.
        - If the Family and Youth Structure(s) is developed at the time of application, then applicants should include documentation of the Structure's existence and a detailed three-year work plan of what the Structure will accomplish during the grant period in **Attachment 7** of the application. If there is more than one existing Structure, applicants may either create a coordinating body or select at least one of those Structures.

2. If there is a current state-level SAMHSA-funded Comprehensive Community Mental Health Services for Children and their Families Program (CMHI) grantee the applicant should establish a formal collaborative relationship and should submit the agreement in **Attachment 8**. This will allow for the leverage of federal resources and promote comprehensive, integrated services for adolescents and/or transitional aged youth with SUD and co-occurring substance use and mental disorders. Refer to Appendix IV for a list of currently funded CMHI grantees.
    - At a minimum, the agreement must identify the parties involved, describe the specific roles and responsibilities of each party, include a summary of the essential terms of the agreement, and be signed and dated by the parties involved.

3. Create a plan to develop new and/or modify **two** state policies and procedures, which impact the population of focus.

4. Adopt and/or enhance an existing data infrastructure/management information system (MIS) to assist in collecting and analyzing qualitative and quantitative data for continuous quality improvement.

5. Develop a three-year plan to create or expand an existing provider collaborative within the state. The provider collaborative must be managed or co-managed by

the state.

- At a minimum, the role of the provider collaborative is to:
    - Provide direct treatment for SUD and/or co-occurring substance use and mental disorders and recovery support services to the population of focus, identify and address common provider-level administrative challenges in providing substance abuse treatment and recovery support services.
    - Develop and implement a common continuous quality improvement/quality assurance plan across the providers in the Collaborative for improving the treatment and recovery support services for the population of focus.
    - Identify and address common barriers the population of focus encounters in accessing substance abuse treatment and recovery support services.
    - Leverage and integrate resources across the providers in the network.
    - Promote coordination and collaboration with family support organizations to assist in the development of peer support services and strengthen services for the population of focus.

2.3 Data Collection and Performance Measurement

All SAMHSA grantees are required to collect and report certain data so that SAMHSA can meet its obligations under the Government Performance and Results (GPRA) Modernization Act of 2010. You must document your ability to collect and report the required data in Section D: Data Collection and Performance Measurement of your application. Grantees will be expected to collect and report on the Office of Management and Budget (OMB) approved state infrastructure measures. These measures can be found in Appendix III. This information will be gathered using a uniform data collection tool provided by SAMHSA. The current tool is being updated and will be provided upon award. An example of the type of data collection tool required can be found at http://www.samhsa-gpra.samhsa.gov.

Grantees will be expected to collect and report on OMB approved state/territorial/tribal-level infrastructure measures.

When the state conducts training events, they must also collect data on overall satisfaction with event quality and application of event information. These data will be collected using a customer baseline and follow-up satisfaction survey provided by CSAT available at: http://www.samhsa.gov/grants/gpra-measurement-tools/csat-gpra/csat-gpra-best-practices). Data will be collected at the end of each event and 30 days post-event from all participants. Grantees will be expected to achieve a follow-up rate of 80 percent.

Grantees will be provided extensive training on the Common Data Platform (CDP) system and its requirements post award.

Grantees must arrange for a comprehensive evaluation of both the infrastructure and direct service components of the award. Grantees must submit an evaluation plan to the GPO within 180 days of award.

Applicants must demonstrate how qualitative and quantitative data has been used for continuous quality improvement at both the client and infrastructure-levels in the Project Narrative of their applications.

Performance data will be reported to the public, OMB and Congress as part of SAMHSA's budget request.

2.4 Performance Assessment

Grantees must periodically review the infrastructure-level performance data they report to SAMHSA (as required above) and assess their progress and use this information to improve management of their grant projects. The assessment should be designed to help you determine whether you are achieving the goals, objectives and outcomes you intend to achieve and whether adjustments need to be made to your project. Performance assessments also should be used to determine whether your project is having/will have the intended impact on behavioral health disparities. You will be required to report on your progress achieved, barriers encountered, and efforts to overcome these barriers in a performance assessment report to be submitted annually.

At a minimum, your performance assessment should include the OMB approved infrastructure measures (see Appendix III) and the required GPRA performance measures identified above. You may also consider outcome and process questions, such as the following:

Outcome Questions:

- What was the effect of the intervention on key outcome goals?
- What program/contextual/cultural/linguistic factors were associated with outcomes?
- What individual factors were associated with outcomes, including race/ethnicity/ sexual identity (sexual orientation/gender identity)?
- How durable were the effects?
- Was the intervention effective in maintaining the project outcomes at 6-month follow-up?

As appropriate, describe how the data, including outcome data, will be analyzed by racial/ethnic group or other demographic factors to assure that appropriate populations are being served and that disparities in services and outcomes are minimized.

Process Questions:

- How closely did implementation match the plan?
- What types of changes were made to the originally proposed plan?
- What types of changes were made to address disparities in access, service use, and outcomes across subpopulations, including the use of the National CLAS Standards?
- What led to the changes in the original plan?
- What effect did the changes have on the planned intervention and performance assessment?
- Who provided (program staff) what services (modality, type, intensity, duration), to whom (individual characteristics), in what context (system, community), and at what cost (facilities, personnel, dollars)?
- In what ways is the state/territory/tribe moving toward a more coordinated effort to serve adolescents and/or transitional aged youth and their families/primary caregivers? What are the drivers?
- Is capacity being increased? What has been the impact on health disparities in the population served?

The performance assessment report should be a component of or an attachment to the progress report submitted in October of each grant year.

Up to 20 percent (i.e., $50,000) of the grant award may be used for data collection, performance measurement, and performance assessment, e.g., activities required in Sections 2.3 and 2.4.

2.5 Grantee Meetings

Grantees must plan to send a minimum of three people (including the State Youth Coordinator and Authorized Representative) to at least one joint grantee meeting in year one and year three of the grant. You must include a detailed budget and narrative for this travel in your budget. At these meetings, grantees will present the results of their projects and federal staff will provide technical assistance. Each meeting will be up to three days. These meetings are usually held in the Washington, D.C., area and attendance is mandatory**.**

II. AWARD INFORMATION

Funding Mechanism: Cooperative Agreement

Anticipated Total Available Funding: $3 million

Estimated Number of Awards: Up to 12 awards

Estimated Award Amount: Up to $250,000 per award

Length of Project Period: Up to two years

Proposed budgets cannot exceed $250, 000 in total costs (direct and indirect) in any year of the proposed project. Annual continuation awards will depend on the availability of funds, grantee progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions of award.

Cooperative Agreement

These awards are being made as cooperative agreements because they require substantial post-award federal programmatic participation in the conduct of the project. Under this cooperative agreement, the roles and responsibilities of grantees and SAMHSA staff are:

Role of Grantee:

- Complies with the terms and conditions of the grant;
- Monitors and ensures that sub-recipients collect and report GPRA data and agree to provide SAMHSA with the data required for GPRA;
- Collaborates with CSAT staff and SAMHSA contractor(s) in project design, implementation, and monitoring;
- Demonstrates links to and coordination with agencies serving adolescents and transitional aged youth at the state level through MOAs, MOUs, etc.;
- Collects, evaluates, and reports grantee infrastructure process and outcome data;
- Responds to requests for program-related data;

- Documents intended and actual systemic changes resulting from the project's activities; and
- Prepares and submits SAMHSA/CSAT required reports within prescribed timeframes.

Role of SAMHSA Staff:

- Provides guidance and technical assistance to grantees in implementing project activities throughout the course of the project;
- Reviews and approves each stage of project activities (e.g., approves the following: proposed evidenced-based intervention(s) and assessment(s), MOAs/ MOUs, financial maps, allowable activities, multi-year workforce implementation plans, semi-annual reports, etc.);
- Works collaboratively with the grantee on the activities involved with the infrastructure, process, and outcome evaluation development and implementation; oversees with the grantee the sub-recipients' GPRA data activities;
- Conducts site visits to monitor the project;
- Provides guidance on how to access resource allocation strategies; and
- Works cooperatively with the grantee to sustain the systems changes achieved through the project.

III. ELIGIBILITY INFORMATION

1. ELIGIBLE APPLICANTS

Eligible applicants are the entity within the state/territory/federally recognized American Indian/Alaska Native tribe or tribal organization responsible for leading treatment and recovery support services for adolescents and/or transitional aged youth with substance use disorder or co-occurring substance use and mental disorders. In the case of applicants that select both populations of focus and the responsible lead is housed in two separate entities within the state/territory, the two entities must collaborate in determining which entity will be the applicant. Additionally, the two entities must collaborate in carrying out the award requirements and include this documentation in **Attachment 3** of the application.

Tribal organization means the recognized body of any AI/AN tribe; any legally established organization of American Indians/Alaska Natives which is controlled, sanctioned, or chartered by such governing body or which is democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of American Indians/Alaska Natives in all phases of its activities. Consortia of tribes or tribal organizations are eligible to apply, but each participating entity must indicate its approval.

To determine readiness, capacity, and experience for applying to SYT-P all applicants **must complete the Applicant Self-Assessment in Appendix II.**

SAMHSA seeks to further expand the impact and geographical distribution of the State Youth Treatment program across the nation; therefore, states/territories/tribes, which received grants under FY 2012 Cooperative Agreements for State Adolescent Treatment Enhancement and Dissemination and FY 2013 Cooperative Agreements for State Adolescent and Transitional Aged Youth Treatment Enhancement and Dissemination are not eligible to apply.

Eligibility is limited because this program is designed to bring together stakeholders across the systems serving adolescents and transitional aged youth to develop and/or enhance a coordinated network that will develop policies, expand workforce capacity, bring evidence-based practices to scale statewide, and implement financial mechanisms and other reforms to improve the integration and efficiency of the adolescent substance use, co-occurring substance use and mental disorders treatment, and recovery support system. Entities within the state/territory/tribe, which are responsible for leading treatment and recovery support services for adolescents and/or transitional aged youth with SUD or co-occurring substance use and mental disorders, are in the unique position to coordinate these efforts because they have authority to coordinate agencies across the state/territory/tribe, implement policy changes, and develop financing structures necessary for the program. Although community-based treatment providers play a pivotal supporting role in adolescent and transitional aged youth treatment and services, they are not the catalysts for cross-agency coordination, workforce development, or licensure/certification/credentialing at the state/territorial/tribal level. Therefore, public and private non-profit entities and community-based treatment providers are not eligible to apply for this funding opportunity.

2. COST SHARING and MATCH REQUIREMENTS

Cost sharing/match is not required in this program.

IV. APPLICATION AND SUBMISSION INFORMATION

In addition to the application and submission language discussed in PART II: Section I, you must include the following in your application:

1. ADDITIONAL REQUIRED APPLICATION COMPONENTS

- **Project Narrative and Supporting Documentation** – The Project Narrative describes your project. It consists of Sections A through D. Sections A-D together may not be longer than 30 pages. (Remember that if your Project Narrative starts on page 5 and ends on page 35, it is 31 pages long, not 30 pages.) More detailed instructions for completing each section of the Project Narrative are provided in Section V – Application Review Information of this document.

  The Supporting Documentation provides additional information necessary for the review of your application. This supporting documentation should be provided immediately following your Project Narrative in Sections E and F. There are no page limits for these sections except for Section E, Biographical Sketches/Job Descriptions. Additional instructions for completing these sections are included in PART II-V: Supporting Documentation. Supporting documentation should be submitted in black and white (no color).

- Applicants for this program are required to complete the Assurance of Compliance with SAMHSA Charitable Choice Statutes and Regulations Form SMA 170**.** This form is posted on SAMHSA's website at http://www.samhsa.gov/grants/applying/forms-resources.

- **Attachments 1 through 8** – Use only the attachments listed below. If your application includes any attachments not required in this document, they will be disregarded. There are no page limitations for the Attachments. Do not use attachments to extend or replace any of the sections of the Project Narrative. Reviewers will not consider them if you do. Please label the attachments as: Attachment 1, Attachment 2, etc.

  - **Attachment 1:** Applicant Self-Assessment Tool **(See Appendix II.)**
  - **Attachment 2:** Data Collection Instruments/Interview Protocols – if you are using standardized data collection instruments/interview protocols, you do not need to include these in your application. Instead, provide a web link to the appropriate instrument/protocol. If the data collection instrument(s) or interview protocol(s) is/are not standardized, you must include a copy in Attachment 2.

- **Attachment 3**: If applicable, applicants that select both populations of focus and the responsible lead is housed in two separate entities within the state/territory/tribe, the two entities must collaborate in determining which entity will be the applicant. Additionally, the two entities must collaborate in carrying out the award requirements, as demonstrated by the submission of signed and dated documentation of each entity's roles and responsibilities.
- **Attachment 4:** If applicable, applicants that have the State Adolescent Treatment/Youth Coordinator selected at the time of application should include his/her resume and an employment contract.
- **Attachment 5**: If applicable, applicants that have the written agreement for the Interagency Council at the time of application. The written agreement must identify the parties involved in the Council, describe the specific roles and responsibilities of each party, include a summary of the essential terms of the agreement, discuss the Council's operating procedures, and be signed and dated by the Council's Lead. The written agreement must be accompanied by a roster of the Council members, which identifies the agency/system that they represent and letters of commitment from, at least, the six previously named key collaborating agencies/systems (i.e., State Medicaid Agency, State Health Department, education, juvenile justice, mental health, and child welfare). Also document the existence of a SYT-P Subcommittee.
- **Attachment 6:** If applicable, applicants that have the Substance Abuse Financing Subcommittee of the Interagency Council established at the time of application should submit the Subcommittee's Charter and a detailed three-year plan.
- **Attachment 7**: If applicable, applicants that have the Family and Youth Structure(s) developed at the time of application should submit documentation of the Structure's existence and a detailed three-year work plan of what the Structure will accomplish during the grant period.
- **Attachment 8**: If applicable, applicants that have a state-level SAMHSA-funded CMHI grantee in the state/territory/tribe and have established formal collaborative relationships with them should submit those agreements. At a minimum, the agreement must: identify the parties involved, describe the specific roles and responsibilities of each party, include a summary of the essential terms of the agreement, and be signed and dated by the parties involved.

2. APPLICATION SUBMISSION REQUIREMENTS

Applications are due by **11:59 PM** (Eastern Time) on **April 6, 2015.**

3. FUNDING LIMITATIONS/RESTRICTIONS

- **Up to 20 percent (i.e., $50,000) of the award amount may be used** for data collection and performance assessment of infrastructure improvements (see Sections I-2.3 and 2.4).

- **Up to 10 percent (i.e., $25,000) of the award amount may be used** to adopt and/or enhance an existing data infrastructure/management information systems (MIS) (see Section 2.2 requirement #4).

Please be sure to identify these expenses in your proposed budget.

SAMHSA grantees also must comply with SAMHSA's standard funding restrictions, which are included in PART II: Appendix D – Funding Restrictions.

V. APPLICATION REVIEW INFORMATION

1. EVALUATION CRITERIA

The Project Narrative describes what you intend to do with your project and includes the Evaluation Criteria in Sections A-D below. Your application will be reviewed and scored according to the quality of your response to the requirements in Sections A-D.

- In developing the Project Narrative section of your application, use these instructions, which have been tailored to this program.

- The Project Narrative (Sections A-D) together may be no longer than 30 pages.

- You must use the four sections/headings listed below in developing your Project Narrative. **You must indicate the Section letter and number in your response or it will not be considered, i.e., type "A-1", "A-2", etc., before your response to each question.** Your application will be scored according to how well you address the requirements for each section of the Project Narrative.

- Although the budget and supporting documentation for the proposed project are not scored review criteria, the Review Group will consider their appropriateness after the merits of the application have been considered. (See PART II: Section V and Appendix F).

- The number of points after each heading is the maximum number of points a review committee may assign to that section of your Project Narrative. Although scoring weights are not assigned to individual bullets, each bullet is assessed in deriving the overall Section score.

Section A: Population of Focus and Statement of Need (15 points)

1. Provide a comprehensive demographic profile of your population of focus in terms of race, ethnicity, federally recognized tribe, language, gender, age, socioeconomic characteristics and sexual identity (sexual orientation, gender identity).

2. Discuss the relationship of your population of focus to the overall population in your geographic catchment area and identify sub-population disparities, if any, relating to access/use/outcomes of your provided services, citing relevant data. Demonstrate an understanding of these populations consistent with the purpose of your program and intent of this RFA.

3. Document the need for an enhanced infrastructure to increase the capacity to implement, sustain, and improve effective treatment services for the population of focus in the proposed catchment area. Include the service gaps and other problems related to the need for infrastructure development. Identify the source of the data. Examples of data sources for the quantitative data that could be used are local epidemiologic data, state data (e.g., from state needs assessments, SAMHSA's National Survey on Drug Use and Health), and/or national data [e.g., from SAMHSA's National Survey on Drug Use and Health or from National Center for Health Statistics/Centers for Disease Control and Prevention (CDC) reports, and Census data]. This list is not exhaustive; applicants may submit other valid data, as appropriate for your program.

Section B: Proposed Approach (35 points)

1. Describe the purpose of the proposed project, including its goals and objectives. These must relate to the intent of the RFA and performance measures you identify in Section D: Data Collection and Performance Measurement.

2. Describe how achievement of goals will increase system capacity to support effective services for the population of focus.

3. Describe your approach to implementing the required activities including: hiring a State Adolescent Treatment/Youth Coordinator, developing or expanding an Interagency Council, developing a cross-Agency statewide financial map, designing a three-year statewide workforce plan, designing/implementing a workforce map and developing a comprehensive three-year strategic plan for the population of focus.

4. Describe your plan to accomplish three of the activities listed in section I-2.2 of the RFA. Provide specific details on how each of the selected activities will be accomplished.

5. Describe the stakeholders and resources in the catchment area that can help implement the needed infrastructure development.

6. Describe how the proposed activities will be implemented and how they will adhere to the National Standards for Culturally and Linguistic Appropriate Services (CLAS) in Health and Health Care. For additional information go to: http://ThinkCulturalHealth.hhs.gov.

7. Provide a chart or graph depicting a realistic time line for the entire project period showing key activities, milestones, and responsible staff. These key activities should include the requirements outlined in Section I-2: Expectations. [Note: The time line should be part of the Project Narrative. It should not be placed in an attachment.]

8. Describe how the proposed project will address the following issues in your catchment area:

    - Demographics – race, ethnicity, religion, gender, age, geography, and socioeconomic status;
    - Language and literacy;
    - Sexual identity – sexual orientation, gender identity; and
    - Disability.

Section C: Staff and Organizational Experience (20 points)

1. Discuss the capability and experience of the applicant organization and other participating organizations with similar projects and populations. Demonstrate that the applicant organization and other participating organizations have linkages to the population(s) of focus and ties to grassroots/community-based organizations that are rooted in the culture(s) and language(s) of the population(s) of focus.

2. Describe the skills and experience of the State Adolescent Treatment/Youth Coordinator or provide a detailed plan on how a skilled and experienced Coordinator will be recruited.

3. Provide a complete list of staff positions for the project, including the State Adolescent Treatment/Youth Coordinator showing the role of each and their level of effort and qualifications.

4. Discuss the role of senior grantee agency staff (i.e., Authorizing Representative) and their involvement in supervision and support of the SYT-P staff.

5. Discuss how key staff have demonstrated experience and are qualified to serve the population(s) of focus and are familiar with their culture(s) and language(s).

6. Describe how your staff will ensure the input of youth and family members/primary caregivers in assessing, planning and implementing your project.

Section D: Data Collection and Performance Measurement (30 points)

1. Document your ability to collect and report on the required performance measures as specified in Section I-2.3 of this RFA. Describe your plan for data collection, management, analysis and reporting. If applicable, specify and justify any additional measures or instruments you plan to use for your grant project.

2. Describe how data will be used to manage the project and assure that the goals and objectives at a systems level will be tracked and achieved. Goals and objectives of your infrastructure program should map onto any continuous quality improvement plan, including consideration of behavioral health disparities. Describe how information related to process and outcomes will be routinely communicated to program staff, governing and advisory bodies, and stakeholders.

3. Describe your plan for conducting the performance assessment as specified in Section I-2.4 of this RFA and document your ability to conduct the assessment.

4. Discuss how the applicant organization has used qualitative and quantitative data for continuous quality improvement.

SUPPORTING DOCUMENTATION

Section E: Biographical Sketches and Job Descriptions

See PART II: Appendix E – Biographical Sketches and Job Descriptions, for instructions on completing this section.

VI. ADMINISTRATION INFORMATION

1. REPORTING REQUIREMENTS

In addition to the data reporting requirements listed in Section I-2.3, grantees must comply with the reporting requirements listed on the SAMHSA website at http://www.samhsa.gov/grants/grants-management/reporting-requirements. .

Grantees must submit infrastructure-level performance data biannually to the GPO in the spring and fall in each year of the award. **Grantees must submit baseline infrastructure-level performance data to the GPO within 90 days of award.** The OMB-approved infrastructure performance measures may be found in Appendix III.

VII. AGENCY CONTACTS

For questions about program issues contact:

Twyla Adams
Center for Substance Abuse Treatment, Division of Services Improvement
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Room 5-1097
Rockville, Maryland 20857
(240) 276-1576
Twyla.adams@samhsa.hhs.gov

For questions on grants management and budget issues contact:

Eileen Bermudez
Office of Financial Resources, Division of Grants Management
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Room 7-1091
Rockville, Maryland 20857
(240) 276-1412
eileen.bermudez@samhsa.hhs.gov

Appendix I - Comparison of SYT-I and SYT-P

	SYT-I (TI-15-004)	SYT-P (TI-15-005)
Purpose	To provide funding to states to improve treatment for adolescents and/or transitional aged youth with SUD and/or co-occurring substance use and mental disorders by assuring youth state-wide access to evidence-based assessments and treatment models and recovery services supported by the strengthening of the existing infrastructure system and provision of direct treatment services. **This is both an infrastructure and services award.**	To provide funding to states to develop a comprehensive strategic plan in order to improve treatment for adolescents and/or transitional aged youth with SUD and/or co-occurring substance use and mental disorders by strengthening of the existing infrastructure system. **This is an infrastructure only award.**
Application Requirements	Applicants to SYT-I must minimally have the six core state infrastructure components in place. They must demonstrate they are no longer in the planning phase, but have the presence of each core infrastructure component. The applicant will require numerous attachments to verify they meet the core components (i.e., written agreement for an Interagency Council, FY 2011 or later cross-agency state financial map, 2013-2015 state -wide workforce development plan, state -wide workforce narrative map, documentation of the existence of a robust state data collection system, and 2015-2017 sustainability plan). Additionally, applicants to SYT-I applicants must submit narrative and attachments related to the provision of direct treatment services.	Applicants to SYT-P must submit significantly fewer attachments in the application since they have a less developed state infrastructure system and cannot use award funds to provide direct treatment services.
Award Requirements	Grantees are required to execute activities to strengthen an existing state infrastructure system and provide direct treatment services.	Grantees are required to execute activities to strengthen a state infrastructure system; award funds cannot be used to provide direct treatment services.

Eligibility	States, which received awards under TI-13-014 (FY 2013 Cooperative Agreements for State Adolescent and Transitional Aged Youth Treatment Enhancement and Dissemination), are not eligible to apply to this funding opportunity.	States, which received awards under TI-12-006 (FY 2012 Cooperative Agreements for State Adolescent Treatment Enhancement and Dissemination) and TI-13-014 (FY 2013 Cooperative Agreements for State Adolescent and Transitional Aged Youth Treatment Enhancement and Dissemination), are not eligible to apply to this funding opportunity.
Length of Award	3 years	2 years
Award Amount	Up to $800,000 per year	Up to $250,000 per year

SYT-I differs from SYT-P in that in addition to strengthening the existing state infrastructure system, SYT-I includes the provision of direct treatment services. States appropriate for SYT-I have a more developed infrastructure system for the population of focus with SUD and/or co-occurring substance use and mental disorders. Specifically, entities applying for SYT-I must have **all** six of the following core state infrastructure components in place at the time of application:

1. An Interagency Council comprised of agencies serving adolescents and/or transitional aged youth with SUD and/or co-occurring substance use and mental disorders. At a minimum, the Council must meet quarterly and be comprised of representation from at least the following six agencies: State Medicaid Agency, State Health Department, education, juvenile justice, mental health, and child welfare. Minimum representation must also include at least one youth in recovery from SUD and/or co-occurring substance use and mental disorders and one family member/primary caregiver of a youth with SUD and/or co-occurring substance use and mental disorders.

2. A cross-agency state-wide financial analysis of available federal and state financial resources to deliver evidence-based SUD substance use and/or co-occurring substance use and mental disorders treatment and recovery support services to adolescents and/or transitional aged youth and their families. At a minimum, the financial analysis must include: financial resources expended in FY 2011 or later for services related to SUD and/or co-occurring substance use and mental disorders (e.g., screening, assessment, treatment, continuing care, recovery support services)

for the population of focus; and at a minimum, the federal and state Medicaid/CHIP, Substance Abuse and Prevention Block Grant, and state SUD funding streams.

3. A state focus on the dissemination of evidenced-based assessment and interventions in the specialty adolescent and/or transitional age youth behavioral health (SUD and/or co-occurring substance use and mental disorder) treatment and recovery sector and the enhancement of competencies in related areas (e.g. trauma focused treatment, neuroscience of the youth brain). At a minimum, this focus must include state/territorial/tribal workforce implementation plans for 2013-2015.

4. An analysis of the state workforce's knowledge, skills, and abilities in providing evidence-based SUD substance use and/or co-occurring substance use and mental disorders treatment to adolescents and/or transitional aged youth and their families/primary caregivers. At a minimum, the workforce analysis must include a narrative description of the current state adolescent and/or transitional aged youth workforce, including the geographic distribution of all providers, the penetration to which providers are trained in EBPs, and the extent to which they are certified in those EBPs.

5. Readily accessible and reliable qualitative and quantitative data to: maintain a strong and dynamic knowledge of the needs of adolescents and/or transitional aged youth within the state with SUD and/or co-occurring substance use and mental disorders and gaps in addressing these needs; and monitor outcomes attributed to the current state infrastructure system. At a minimum, applicants must demonstrate how qualitative and quantitative data has been used for continuous quality improvement at both the client and infrastructure-levels.

6. A two-year plan to sustain the existing state infrastructure to further improve and expand access to treatment for adolescents and/or transitional aged youth by assuring youth state-wide access to evidence-based assessments and treatment models and recovery services. At a minimum, this plan must be time framed and discuss key activities, milestones, and responsible staff for implementing the activities encompassed in this project.

Appendix II - Applicant Self-Assessment Tool

Instructions: Applicants must complete this form to identify if they are eligible to apply to SYT-I or SYT-P. The Authorized Representative must sign and date this form. This document will **not** be scored; however, it is a required component of the application and must be included as **Attachment 1**.

Answer the questions below. If you answer "no" to any question you are not eligible to apply for SYT-I.

1. Does your state/territory/tribe have an Interagency Council comprising agencies serving adolescents and/or transitional aged youth and their families/primary care givers with substance use disorders (SUD) and/or co-occurring substance use and mental disorders? (Note: In order to respond affirmatively, the Council must have representation from the State Medicaid Office, other relevant funders, youth and family representation) ___ Yes ___ No

2. Since 2011, has your state/territory/tribe conducted a cross agency financial analysis of available federal and state/territorial/tribal financial resources to deliver evidence-based SUD and/or co-occurring substance use and mental disorders treatment and recovery support services to adolescents and/or transitional aged youth and their families/primary caregivers? ___Yes ___No

3. Does your state/territory/tribe have a focus on the dissemination of evidenced-based assessment and interventions in the specialty adolescent and/or transitional age youth behavioral health (substance use disorder and co-occurring substance use and mental disorder) treatment and recovery sector? ___Yes ___No

4. Does your state/territory/tribe have a workforce training implementation plan for at least 2013-2015? ___Yes ____No

5. Does your state/territory/tribe have readily accessible and reliable qualitative and quantitative data to maintain a strong and dynamic knowledge of the needs of adolescents and/or transitional aged youth within the state/territory/tribe with SUD and/or co-occurring substance use and mental disorders, identification of gaps in addressing these needs, and monitor outcomes attributed to the current state/territorial/tribal infrastructure system? ___Yes ___No

6. Does your state/territory/tribe have a plan for sustaining the existing infrastructure to further improve/expand access to treatment for adolescents and/or transitional aged youth by assuring youth state/territorial/tribal-wide access to evidence-based assessments and treatment models and recovery services?___ Yes ___ No

If you answered "no" to any of the above questions you are not eligible to apply to SYT-I. SYT-P may be more appropriate and allows applicants to compete for funds to strengthen the existing infrastructure through the development a comprehensive strategic plan to improve treatment for adolescents and/or transitional aged youth with SUD and/or co-occurring substance use and mental disorders.

If you answered "yes" to all of the above questions you are eligible to apply to SYT-I. SYT-I allows applicants to compete for funds to further strengthen the existing infrastructure system and the provision of direct treatment services to adolescents and/or transitional aged youth and their families/primary care givers with SUD and/or co-occurring substance use and mental disorders.

Required Signature:

As the Authorized Representative of [*insert name of applicant organization*]

_____, I hereby certify to the

best of my ability that the above responses are honest and true.

_____ _____

Signature of Authorized Representative Date

Appendix III – Bi-Annual Infrastructure Progress Development Measures

STATE ADOLESCENT TREATMENT ENHANCEMENT AND DISSEMINATION & STATE ADOLESCENT AND TRANSITIONAL AGED YOUTH TREATMENT ENHANCEMENT AND DISSEMINATION
BI-ANNUAL INFRASTRUCTURE PROGRESS DEVELOPMENT MEASURES

OMB #: 0930-0344 Expiration Date: 10/31/2017

Instructions: Please respond to all questions in the survey using information collected and funded activities completed in the past 6-month period (since the last reporting period). Please do not copy and paste responses provided in previous bi-annual survey.

Section I—Grantee Information

Name of CSAT Government Project Officer
Federal Grantee Number
Project Name
Name of the Grantee Organization
Principal Investigator
Project Coordinator
Evaluator
Office and Project Site Address
Date of Survey Completed

Section II—Current Staffing and Staff Changes (State/Territory/Tribe)

Section III—Project Narrative

Required Activities: State/Territorial/Tribal-Level Infrastructure Development Measures

1. State/Territory/Tribe created, enhanced, and/or continued an interagency workgroup to improve the statewide infrastructure for adolescent and/or transitional age youth substance use treatment and recovery with membership including, but not limited to, representatives from: State-level mental health, education, health, child welfare, juvenile justice, and Medicaid agencies; youth;

and family members.

2. The number of policy changes completed as a result of the cooperative agreement. If policy changes were finalized during the last 6-month period, then please list and describe them.
    a. Financing policies
    b. Workforce policies
    c. Other

3. State/Territory/Tribe developed and signed memoranda of understanding between State Adolescent Treatment Enhancement and Dissemination (SAT-ED)/State Adolescent and Transitional Aged Youth Treatment Enhancement and Dissemination (SYT) awardee agency and each agency serving the target population (i.e., adolescents and/or transitional age youth) identified in the SAT-ED/SYT Request for Application.

4. State/Territory/Tribe identified how current Federal and State funds which include but are not limited to Medicaid/CHIP, SAPT Block Grant and other funding streams are expended to finance treatment and recovery supports for adolescent and/or transitional age youth with substance use and/or co-occurring mental health disorders by:
    a. Starting a financial map.
    b. Completing a financial map.
    c. Other (please specify).

5. State/Territory/Tribe:
    a. Has multi-source supported treatment and recovery system which includes but is not limited to Medicaid/CHIP, SAPT Block Grant, and other funding streams for adolescent and/or transitional age youth with substance use and/or co-occurring mental health disorders.
    b. State/Territorial/Tribal agencies collaborate on providing comprehensive continuum of services; examples might include braiding/blending funding, coordination of benefits, eliminating double billing, expanding or protecting against cuts, etc.

6. State/Territory/Tribe has a statewide, multi-year workforce training implementation plan for:
    a. The statewide specialty adolescent and/or transitional age youth behavioral health (substance use disorder /co-occurring substance use and mental disorder) treatment/recovery sector.
    b. staff of other agencies serving the grant target population (i.e., adolescents and/or transitional age youth).

7. How is the State/Territory/Tribe spreading the evidence-based assessment and the evidence-based treatment practice (EBP) beyond the pilot sites through the learning laboratory?
    a. Assessment
    b. Evidence-based treatment practice

8. State/Territory/Tribe describes the recovery services and supports that are available to adolescents both statewide and at the pilot site level and identifies the funding sources that support these services.

Grantees that are in year 3 or later

9. State/Territory/Tribe completed a Year 3 financial map and conducted comparison with Year 1 financial map to document:
    a. The increase of public insurance (Medicaid/CHIP) resources used to provide treatment/recovery services for adolescent and/or transitional age youth with substance use and co-occurring substance use and mental disorders.
    b. The redeployment of other public financial resources to expand the continuum of treatment/recovery services and supports.

Allowable Activities: State/Territorial/Tribal-Level Infrastructure Development Measures

10. State/Territory/Tribe
    a. Completed map of statewide adolescent and/or transitional age youth substance use disorder workforce, which includes all or some of the following variables: education level, number of continuing education and college level credits in youth and/or family related areas, certification and/or endorsement to work with the adolescent and/or transitional age youth population, certification in EBPs, and types of eligibility for insurance reimbursement.
        i. What did the State/Territory/Tribe do?
        ii. How did the State/Territory/Tribe do it?
        iii. How will the map be used to improve the adolescent and/or transitional age youth substance use disorder workforce?

    b. Describe the changes in the workforce within the State/Territory/Tribe.
        i. Has it had challenges? If so, please describe.

11. State/Territory/Tribe

a. Prepared faculty in appropriate college and educational settings to deliver curricula that focus on adolescent and/or transitional age youth-specific evidence-informed treatment for substance use disorders(e.g., train-the-trainer sessions).
    i. What did the State/Territory/Tribe do?
    ii. How did the State/Territory/Tribe do it?
    iii. What were the results?

b. Collaborated with institutions of higher learning to increase the number of individuals prepared to be adolescent and/or transitional age youth substance use disorder treatment professionals.
    i. What did the State/Territory/Tribe do?
    ii. How did the State/Territory/Tribe do it?
    iii. What were the results?

Clinician Training Measures

12. State/Territory/Tribe developed or improved State/Territorial/Tribal standards for licensure, certification, and/or accreditation of programs, which provide substance use and co-occurring mental disorder services for adolescent and/or transitional age youth and their families by:
    a. Reviewing adolescent and/or transitional age youth substance use disorder and/or substance use disorder with co-occurring mental health disorder provider licensure standards.
    b. Revising adolescent and/or transitional age youth substance use disorder and/or substance abuse disorder and co-occurring mental health disorders provider licensure standards.

13. State/Territory/Tribe developed and/or improved State/Territorial/Tribal standards for licensure, certification, and/or credentialing of adolescent and/or transitional age youth and family substance use and co-occurring mental disorders treatment counselors by:
    a. Reviewing adolescent and/or transitional age youth substance use disorder and/or substance use disorder and co-occurring mental health disorder counselor licensure, certification, and/or credentialing requirements.
    b. Revising adolescent and/or transitional age youth substance use disorder and/or substance use disorder and co-occurring mental health disorder counselor licensure, certification, and/or credentialing requirements.
    c. Developing or adopting endorsement for adolescent and/or transitional age youth substance use disorder and/or substance use disorder and mental health disorder counselors.

d. Developing or adopting a credential for adolescent and/or transitional age youth substance use disorder and/or substance use disorder and mental health disorder counselors.

Programmatic Structure

14. State/Territory/Tribe
    a. Continued existing family/youth support organizations to strengthen services for youth with or at risk of substance use disorders and or/or co-occurring problems.
    b. Created new family/youth support organizations to strengthen services for youth with or at risk of substance use disorders and/or co-occurring problems.
    c. Identified other things that the State/Territory/Tribe has done to promote coordination and collaboration with family/youth support organizations (e.g., hold Family Dialogue meeting at a State level).
    d. Identified existing family/youth support organizations for families of adolescent and/or transitional age youth with substance use disorders within the State/Territory/Tribe coordinated or collaborated with other existing family/youth support organizations at the national, state, and/or local levels.

15. The number of people newly credentialed/certified to provide substance use and co-occurring substance use and mental health disorders practices/activities, which are consistent with the goals of the cooperative agreement.
    a. Non – SAT-ED/SYT Locations
    b. Local provider sites

Required Activities: Local Community-Based Treatment Site-Level Infrastructure Development Measures

16. Site name and date of contract for each site.

17. Type and date of contract for each EBP.

18. Type and dates of each EBP training that staff attended.

19. Type and number of currently employed staff certified as proficient in providing each EBP in the past 6-month period (e.g., since previous reporting period).

20. How long did it take for providers to start using each EBP (e.g., 1–3 months, 4–6 months, 7–9 months, 10–12 months, or unknown)?

21. Type and number of currently employed staff certified as proficient in training other local staff on how to provide each EBP.

22. Describe how you are defining and operationalizing family/youth involvement in the implementation of the EBPs.

Optional Activities: Local Community-Based Treatment Site-Level Infrastructure Development Measures

23. Utilizing Electronic Health Records and Evidence Based Practices:
    a. Number of evidence-based assessments completed
    b. Electronically transferring data into electronic medical or billing records.
    c. Using data to generate clinical decision support (e.g. diagnosis, treatment planning, placement recommendations), and
    d. Program planning (e.g., profiling initial needs at intake, reducing unmet needs within 3 months, identifying and reducing health disparities in unmet need by gender, race, or other target groups).

24. Number of assessed youth and type of insurance (e.g., Medicaid, CHIP, Other Federal/State, Other Private) actually billed.

State Needs Description (Updated Biannually)

25. What do you estimate is the number of adolescents and/or transitional age youth in need of treatment for substance use disorders in your state?

26. What percentages of adolescents and/or transitional age youth with substance use disorders do you estimate also have co-occurring mental health disorders?

Appendix IV - Active State - Level Comprehensive Community Mental Health Services for Children and their Families Program (CMHI) Grantees

FY 2012		
TRAC GRANT ID	**GRANT NAME**	**STATE**
SM61220	DC Children's System of Care Expansion Implementation Project - The DC Gateway Project	DC
SM61221	Implementation of Children's Behavioral Health Services Expansion	VA
SM61224	Oklahoma's Weaving Access for All (WAFA)	OK
SM61226	Hawaii's System of Care Expansion Implementation Cooperative Agreements	HI
SM61228	Helping Our People: Advocating Hope (HOPAH)	NM
SM61231	Expanding Trauma-Informed System of Care Practices in Maine	ME
SM61233	Upstate New York System of Care Expansion Project	NY
SM61234	RI System of Care Expansion	RI
SM61235	Florida Children's Mental Health System of Care Expansion Implementation Project	FL
SM61237	Washington State System of Care Project	WA
SM61241	Strong Minds, Strong Futures; Colorado's Trauma-Informed System of Care	CO
SM61243	System of Care Expansion Planning Grant	AZ
SM61245	Humboldt County System of Care Expansion Implementation Project	CA
SM61247	Tennessee System of Care Statewide Expansion Initiative	TN
SM61249	NH Department of Health and Human Services	NH
SM61253	Maryland's Launching Individual Futures Together (LIFT)	MD

FY 2013		
GRANT AWARD NUMBER	**GRANT NAME**	
SM061252	The Div. Of Prevention and Behavioral Health Services of Delaware's Children'	DE
SM061250	Pennsylvania System of Care Expansion Implementation	PA
SM061238	System of Care Implementation Cooperative Agreements	MA
SM061239	Yellowhawk Tribal Health Center (YTHC) System of Care Cooperative Agreement	OR
SM061232	The MT OPI Tribal Wraparound Initiative seeks SAMHSA Support	MT
SM061222	Kentucky's System of Care Expansion Implementation	KY
SM061248	Safeguarding the Future	OR
SM061225	Ohio ENGAGE System of Care (SOC) Implementation Grant 2012	OH
SM061227	System of Care Expansion Implementation cooperative Agreement "Para I Famagu 'On"	GU
SM061219	Texas System of Care Expansion Implementation Cooperative Agreement	TX

SM061229	Connections: When we Work Together, Then We are Wise	MI
SM061244	Miami-Dade County FACES Wraparound Project Expansion	FL
SM061230	Mississippi Project Xpand	MS
SM061236	Nagi Kicopi	SD
SM061251	The Georgia Tapestry Project	GA
FY 2014		
GRANT AWARD NUMBER	**GRANT NAME**	**ORGANIZATION**
SM061631	Utah State Department of Human Services	UT
SM061648	New Mexico Communities of Care	NM
SM061642	NC SOC Expansion	NC
SM061647	Indian 2014 SOC Expansion Implementation Grant	
SM061646	Connecticut CONNECT Congregate Care Reduction & Diversion	CT
SM061651	IUY Pathways	IL
SM061635	Children Matter! Montgomery County	ADAMHS Board for Montgomery County
SM061632	Building Family, Youth and Community Capacity to Support SOC Implementation Project	AR
SM061639	Bexar CARES	TX
SM061640	Project Wraparound	City of Pasadena
SM061629	Comprehensive SOC for children & youth on the ToHo O'odham Nation	Tohono O'odham Community College
SM061645	Native Family Wellness Partnership	Tule River Indian Reservation
SM061628	Calrcarq: Healing Our Youth and Families	Yukon-Kuskokwim Health Corporation
SM061637	Paving the Way	MMHR of Tarrant County
SM061633	The Palmetto Coordinated System of Care	SC
SM061638	HELPing DC-SCORES	PA
SM061643	Saginaw MAX System of Care Expansion	MI
SM061650	Implementing Telehealth Srvcs. Using the SOC Model	Santee Sioux Nation
SM061630	Early Childhood System of Care Expansion Project	MS
SM061634	Lummi Nation System of Care Expansion Grant Program	Lummi Nation
SM061641	Bay Area Trauma informed Systems of Care (BATISC)	CA

SM061636	The Skuy soo hue-nem'-oh Initiative	Yurok Tribe